

TRANSMITTAL #: 80
DATE: 01/14/2005
TRICARE CHANGE #: C-11

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 2.1
TITLE: X-RAY MAMMOGRAPHY

AUTHORITY: 38 CFR 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(b), (c), (g)(1), (g)(2), and (g)(37)(vii)

I. EFFECTIVE DATE

- A. October 12, 1984, for all other mammography policy aspects.
- B. November 5, 1990, for cancer screening mammography.
- C. September 26, 2001, for digital screening mammography.
- D. January 1, 2002, for CAD (Computer Assisted Detection).

II. PROCEDURE CODE(S)

- A. CPT Codes 76082-76083, 76090-76092
- B. HCPCS Codes G0202, G0204, G0206, and G0236

III. DESCRIPTION

X-ray mammography is a roentgenologic procedure performed for the evaluation and detection of breast disease. Images are created most commonly by one of two methods: screen film mammography and xeromammography.

IV. POLICY

- A. Mammography is covered as a diagnostic or screening procedure when rendered by a provider that is certified by the ACR (American College of Radiology), or at a facility that has Medicare participation status as a mammography supplier, when provided as outlined in the following paragraphs.
- B. CAD (Computer Assisted Detection) is covered as an adjunct to cancer screening mammography as use for analysis of lesion detection for further physician review and interpretation.

C. Mammography may be covered as a diagnostic procedure for the following conditions.

1. Breast mass found on physical examination.
2. Spontaneous nipple discharge. The discharge may be watery, serous, or bloody.
3. Redness of the skin of the breast.
4. Nipple erosion.
5. Axillary mass.
6. Previous history of a diagnosed breast cancer either unilateral or bilateral.
7. Previous abnormal mammography.
8. Fibrocystic disease.
9. Other conditions may be considered when determined by medical review to be medically necessary.

D. Mammography may be cost shared as a routine screening procedure, **that is**, performed in the absence of any signs or symptoms of breast disease when ordered by a physician or upon self-referral as outlined below.

1. For an asymptomatic woman under the age of 35-years of age with a first-degree family history of breast cancer, such as a mother, father, sister or daughter.
2. For an asymptomatic woman 35-to 40-years of age, one baseline screening mammography.
3. For an asymptomatic woman 40-years and older, one screening mammography every 12-months.
4. For an asymptomatic woman 35-years of age, but under 50-years of age, one baseline mammogram and one screening mammogram every 12-months thereafter if the woman is considered to be at high risk of developing breast cancer. Acceptable indicators for high risk are:

- a. a personal history of breast cancer;

- b. a personal history of biopsy-proven benign breast disease;
- c. a mother, sister, or daughter who has had breast cancer; or
- d. not given birth prior to age 30.

5. Other acceptable high risk factors as may be recommended by major authorities, **such as**, the **AAFP**(American Academy of Family Physicians), **ACS** (American Cancer Society), **ACOGG**(American College of Obstetricians and Gynecologists), **ACP**(American College of Physicians), and **USPSTF**(U.S. Preventive Services Task Force).

V. EXCLUSIONS

Screening mammography performed for an asymptomatic woman under 35-years of age is not covered unless there is a family history of breast cancer in a first-degree relative such as a mother, father, **and** sister or daughter.

END OF POLICY